

# Foster Family Home - Deficiency Report

Provider ID: 1-140061

Home Name: Mary Rose Velez, CNA

Review ID: 1-140061-10

1628 Owawa Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 9/27/2021

Foster Family Home

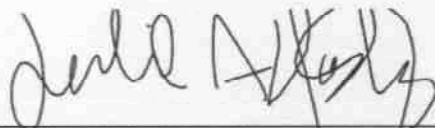
Required Certificate

[11-800-6]

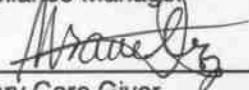
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.  
Home is in compliance with all reviewed HARS



Compliance Manager



Primary Care Giver

9/27/2021

Date

9/27/2021

Date